## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10-656382

| CLAIMS AS FILED - PART ( (Column 1) (Column 2)                           |  |   |                |                               |                                 |                  |       | SMALL ENTITY        |                        |          | OTHER THAN          |                        |  |
|--|--|---|----------------|-------------------------------|---------------------------------|------------------|-------|---------------------|------------------------|----------|---------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 20             |                               |                                 |                  |       | RATE                | FEE                    |          | RATE                | FEE                    |  |
| FOF  | }  |   | NUMBER FILED   |                               | NUMBER EXTRA                    |                  |       | Basic Fee           | 375.00                 | OR       | BASIC FEE           | 750.00                 |  |
| TO   | AL CHARGEAE  | LE CLAIMS                                   | . 70 minus 20= |                               | •                               |                  |       | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| INDI   | EPENDENT CL  | aims  | 5 minus 3 =    |                               | 2                               |                  |       | X42=                |                        | OR       | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                |                               |                                 |                  |       | +140=               |                        | OR       | +280≈               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                |                               |                                 |                  | TOTAL |                     | OR                     | TOTAL    | 918                 |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |                |                               |                                 |                  |       | SMALL               | NTITY                  | OR       | OTHER<br>SMALL      |                        |  |
| AMENDMENTA   | I I V  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                | HIGH<br>NUM<br>PREVI<br>PAID  | IEST<br>BEA<br>OUSLY            | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | PATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>DMC</b>   | Total  | .20   | Minus          | ## <b>*</b>                   |                                 | •                |       | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
| ME   | Independent  | • 5   | Minus          | ***                           |                                 | -                | -     | X42=                |                        | OR       | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                               |                                 |                  |       | +140=               |                        | OR       | +280=               |                        |  |
| 1, 7,8,14,15   |  |   |                |                               |                                 |                  |       | TOYAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                               |                                 |                  |       |                     |                        |          |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | HIGH<br>NUM<br>PREVIX<br>PAID |                                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | ٠   | Minus          | **                            |                                 | 8                |       | X\$ 9=              |                        | OR       | X\$18=              |                        |  |
|  | Independent  | •   | Minus          | •••                           |                                 | <u> </u>         | ]     | X42=                |                        | OR       | X84=                |                        |  |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                               |                                 |                  | لـ    | +140=               |                        | OR       | +280=               |                        |  |
|  |  |   |                |                               |                                 |                  |       | TOTAL<br>ADOIT, FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | 3]  |                |                               |                                 |                  |       |                     |                        |          |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                | NU:<br>PREV                   | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus          |                               |                                 | =                |       | X\$ 9=              |                        | OF       | X\$18=              |                        |  |
|  | Independent  | •   | Minus          | ***                           |                                 | -                | 4     | X42=                |                        | OF       | X84=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                               |                                 |                  |       | +140=               |                        | 1        |                     |                        |  |
|  | " if the entry in column 1 is less than the entry in column 2, write "V" in column 3.  |   |                |                               |                                 |                  |       |                     |                        | OF<br>OF | TOTA                |                        |  |
| :  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                |                               |                                 |                  |       |                     |                        |          |                     |                        |  |
| <u> </u>   |  |   |                |                               | <u> </u>                        |                  | _     |                     |                        |          |                     | OF COMMEDIC            |  |